## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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| appropriate. All further   | correspondence includi<br>ed below or directed of  | ng the l | Patent, advance or                     | rders and notification   | of n     | naintenance fees v   | ill be                            | mailed to the current    | could be completed where<br>correspondence address as<br>rate "FEE ADDRESS" for |  |
|--|--|----------|--|--|----------|--|-----------------------------------|--------------------------|---|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  27890 7590 02/28/2011 STEPTOE & JOHNSON LLP 1330 CONNECTICUT AVENUE, N.W. WASHINGTON, DC 20036     |  |          |  |  |          | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |                                   |                          |   |  |
|  |  |          |  |  |          |  |                                   |                          |   |  |
|  |  |          |  |  | <u> </u> |  |                                   |                          | (Signature)   |  |
|  |  |          |  |  | <u> </u> |  |                                   |                          | (Date)  |  |
| APPLICATION NO.  | ION NO. FILING DATE  |          | FIRST NAMED INVEN                      |  |          |  | ATTO                              | RNEY DOCKET NO.          | CONFIRMATION NO.  |  |
| 10/632,922 08/04/2003 TITLE OF INVENTION: INVENTORY CONTROL  |  |          |  | Moungi G. Bawendi  |          |  | 14952.0274 C1 D1/MIT 4946<br>8096 |                          |   |  |
|  |  | l        |  |  |          |  |                                   |                          |   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISS      | SUE FEE DUE                            | PUBLICATION FEE D  | UE       | PREV. PAID ISSU  | SFEE                              | TOTAL FEE(S) DUE         | DATE DUE  |  |
| nonprovisional   | NO   | ····     | \$1510                                 | \$300  |          | \$0  |                                   | \$1810                   | 05/31/2011  |  |
| EXAMINER   |  |          | ART UNIT                               | CLASS-SUBCLASS   |          |  |                                   |                          |   |  |
| STEELE, AMBER D  |  |          | 1639                                   | 250-372000   |          |  |                                   |                          |   |  |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   |  |          |  | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys  Steptoe & Johnson LLP   |          |  |                                   |                          |   |  |
| ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.   |  |          |  | or agents OR, alternatively,   |          |  |                                   |                          |   |  |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.                                  |  |          |  | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |          |  |                                   |                          |   |  |
| 3. ASSIGNEE NAME A   | ND RESIDENCE DATA  | 4 ТО В   | E PRINTED ON T                         | THE PATENT (print o  | r typ    | œ)   |                                   |                          |   |  |
| PLEASE NOTE: Unit  | ess an assignee is ident<br>h in 37 CFR 3.11. Com  | ified be | low, no assignee<br>of this form is NO | data will appear on the  | ne pa    | atent. If an assign  | ee is id                          | lentified below, the do  | cument has been filed for   |  |
| recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY) |  |          |  |  |          |  |                                   |                          |   |  |
| Massachusetts Institute of Technology Cambridge, Massachusetts   |  |          |  |  |          |  |                                   |                          |   |  |
| Please check the appropri  | iate assignee category or  | catego   | ries (will not be pr                   | inted on the patent):  |          | Individual 🗸 Co  | rporati                           | on or other private gro  | up entity Government  |  |
| 4a. The following fee(s) a  V Issue Fee  Publication Fee (N  Advance Order - #   | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _19-4293 (enclose an extra copy of this form). |          |  |  |          |  |                                   |                          |   |  |
|  | •  |          |  | overpayment, to D  | epos     | sit Account Number   | r <sub>-</sub> 19-                | 4293 _ (enclose an       | extra copy of this form).   |  |
| <ol> <li>Change in Entity Stat</li> <li>a. Applicant claims</li> </ol>   | tus (from status indicate<br>s SMALL ENTITY statu  |          | •                                      | ☐ b. Applicant is no   | long     | ger claiming SMAI  | L ENT                             | TITY status. See 37 CF   | R 1.27(g)(2).   |  |
|  | d Publication Fee (if req  | uired) v | vill not be accepted                   | from anyone other th   |          |  |                                   |                          | e assignee or other party in  |  |
| Authorized Signature   |  |          | Date 4                                 | 8-1  | 1        |  |                                   |                          |   |  |
| Typed or printed name Harold H. Fox  |  |          |  | Registration No. 41,498  |          |  |                                   |                          |   |  |
| This collection of informa   | ation is required by 37 C  | FR 1.3   | II. The informatio                     | m is required to obtain  | or re    | etain a benefit hy t   | ne publ                           | ic which is to file (and | by the USPTO to process)  |  |

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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